MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10715

# 10711 CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Devine Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 136 Moffatt St

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ellen (Last) Boyd.

4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 1955

5. SEX: F
6. COLOR OR RACE: Wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: January 22, 1869
9. AGE last birthday: 86 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY: House Wife
11. BIRTHPLACE (State or foreign country): Havre de Grace Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patric Conners
14. MOTHER'S MAIDEN NAME: Mary OBrine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mary A. Boyd, 136 Moffatt St Elkton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 442X
(A) Cardio-vascular-renal disease

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) complicated by terminal
DUE TO (C) Bronchio-pneumonia

INTERVAL BETWEEN ONSET AND DEATH: Oct 4 to Nov. 1 –

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 4, 1955, to Nov 1, 1955, that I last saw the deceased alive on Nov 1, 1955, and that death occurred at 8:40 P. M, from the causes and on the date stated above.
SIGNATURE Orland H. Sprecher M. D. ADDRESS Elkton, Md DATE SIGNED Nov. 2, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 11/4/55
NAME OF CEMETERY OR CREMATORY: Mt Erin Cemetery
LOCATION (City, town, or county) (State): R.D. Havre de Grace Md

DATE REC'D BY LOCAL REGISTRAR: Nov 4
REGISTRAR'S SIGNATURE: A R Frazer
24. FUNERAL DIRECTOR: Pippin Funeral Home
ADDRESS: 259 E Main St Elkton Md
W. A. Lucy

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# 10712 CERTIFICATE OF DEATH

Reg. Dist. No. 10716 / 2

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton Cecil Co
LENGTH OF STAY (in this place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton-246 E. Main St
STREET ADDRESS (If rural give location) Elkton, Md.

3. NAME OF DECEASED: (First) John (Middle) H oward (Last) Davis

4. DATE OF DEATH: (Month) Nov (Day) 16th (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec 20th 1896
9. AGE last birthday: 58 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10B. KIND OF BUSINESS OR INDUSTRY: Genl Hardware
11. BIRTHPLACE (State or foreign country): Elkton Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Davis
14. MOTHER'S MAIDEN NAME: Emma Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Admission Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 541.0
(A) Gastric Hemorrhage Oct 30/55 — INTERVAL BETWEEN ONSET AND DEATH: 17 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Gastric Ulcer Duodenal Ulcer
DUE TO (C) Surgical Operation Nov 9/55

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Coronary Thrombosis Nov 16/55 — 5 hours

19A. DATE OF OPERATION: Nov 9/55
19B. MAJOR FINDINGS OF OPERATION: Duodenal Ulcer-Multiple adhesions
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 30, 1955 to Nov 16, 1955 that I last saw the deceased alive on Nov 16/55, 19 ..., and that death occurred at 10.30 A.M. from the causes and on the date stated above.
SIGNATURE Arthur Caldwell M. D. ADDRESS North East Maryland DATE SIGNED Nov 19, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): burial
DATE THEREOF: Nov 19
NAME OF CEMETERY OR CREMATORY: Elkton Cemetery
LOCATION (City, town, or county) (State): Elkton Md

DATE REC'D BY LOCAL REGISTRAR: Nov 19
REGISTRAR'S SIGNATURE: H Frazer
23. FUNERAL DIRECTOR: Pippin Funeral Home
ADDRESS: Elkton

10713

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10717 Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 48 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Childs
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) John (Middle) HAYES (Last) GALLAHER
4. DATE OF DEATH (Month) 11 (Day) 13 (Year) 1955
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: 10-10-1862
9. AGE last birthday: 93 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cecil Co. Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Thomas Gallaher
14. MOTHER'S MAIDEN NAME: Hannah Cornelia Hayes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: A. Harlan Gallaher Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Fracture Rt shoulder shock DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) & Cardiac Asthma DUE TO
(c)
904.0
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home.
21c. (City or town) Childs (County) Cecil (State) Md.
21d. TIME OF INJURY (Month) 11 (Day) 10 (Year) 55 (Hour) 5 P M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Fell in his home

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R L Dodson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-13-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov. 16/55
NAME OF CEMETERY OR CREMATORY Leeds,
LOCATION (City, town, or county) Childs (State) Md.
DATE REC'D BY LOCAL REG. Nov 16
REGISTRAR'S SIGNATURE J R Frazier
24. FUNERAL DIRECTOR Pippin Funeral Home ADDRESS Elkton Md
By Henry Pippin

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10718

10718 CERTIFICATE OF DEATH Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRYMAN
STREET ADDRESS (If rural give location) 12 X-2

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) A (Last) GALT

4. DATE OF DEATH (Month) (Day) (Year) November 12 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: November 22, 1890
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Traffic Magr.
10B. KIND OF BUSINESS OR INDUSTRY: Aberdeen Prov. Grounds
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Ross Galt
14. MOTHER'S MAIDEN NAME: Ella Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 550.1 (A) Bronchopneumonia, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 1 - 2 Days

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Peritonitis localized and diffuse. — 3 -10 Days
DUE TO (C) Ruptured Appendix — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, general, Moderate — Unknown.

19A. DATE OF OPERATION: 11-7-55
19B. MAJOR FINDINGS OF OPERATION: Appendiceal exploration with drainage of appendiceal abscess.
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Nov. 7, 1955, to Nov. 12, 1955, that ~~he saw the deceased alive on~~ and that death occurred at 3:35 A M, from the causes and on the date stated above.

SIGNATURE J.C. GRASBERGER M.D. ADDRESS Acting Director, Professional Services, VAH., Perry Point, Md. DATE SIGNED 11/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
DATE THEREOF: 11-12-55
NAME OF CEMETERY OR CREMATORY: Piney Creek
LOCATION (City, town, or county) (State): Taneytown, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11-12-55
REGISTRAR'S SIGNATURE: Irene E. Daugherty
24. FUNERAL DIRECTOR: Lester T. Grossnickle ADDRESS: D.D. HARTZLER & SON, New Windsor, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10719

# 10719 CERTIFICATE OF DEATH

Reg. Dist. No. .....

**1. PLACE OF DEATH**
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Town Point
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R. D.

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Md. — COUNTY: Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Town Point
STREET ADDRESS (If rural give location): R. D.

**3. NAME OF DECEASED** (Type or Print): (First) Pearl (Middle) May (Last) Gorman

**4. DATE OF DEATH** (Month) (Day) (Year): November 1 1955

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min. |
|---|---|---|---|---|---|---|
| F | Wh. | Married | Oct. 4, 1909 | 46 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| House Wife | House Work | Maryland | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Moletor | Florence Brown |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| | | Mr. George E. Gorman, Town Point, Md. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X IMMEDIATE CAUSE (A) GENERALIZED ABDOMINA CARCINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH: 3 MONTHS

ANTECEDENT CAUSE(S) DUE TO (B) CARCINOMA OF CECUM — 6 MONTHS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| MAY 1955-1 | CARCINOMA OF CECUM | YES ☐ NO ☑ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from May 10, 1955, to Nov 1, 1955, that I last saw the deceased alive on Oct 31, 1955, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

**SIGNATURE** Stan Dorn M.D. **ADDRESS** (Street, city, town, state) Chesapeake City Md **DATE SIGNED** 11/1/55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 11/3/55 | Bethel Cemetery | R.D. Chesapeake City, Md. |

| 24. REC'D BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| NOV 4 1955 | MRS RALPH H REES | Pippin Funeral Home, Elkton, Md. M. A. Lusby |

10720

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10720 Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

**1. PLACE OF DEATH:**
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural, give location) RD 2

| 3. NAME OF DECEASED: (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| IDA | ETHEL | GREEN | 11 | 27 | 1955 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write) | 8. DATE OF BIRTH: | 9. AGE Last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| F | Col | Married | 3-13-1894 | 61 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housework | Home | Salisbury Md. | U.S.A. |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| John Penkett | Martha Green |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| No | 217-24-6368 | Julius Green Elkton Md 2nd |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Diabetic coma. — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒ |
|---|---|---|
| | | |

| 21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. LeRoy Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-27-55

| 23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12/1/55 | Bohemia Manor Cem. | Bohemia Manor Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Nov 30 | E. H. Frazer | Cody & Sons | 909 Poplar St. |

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10721

# 10721 CERTIFICATE OF DEATH

Reg. Dist. No. 96

**1. PLACE OF DEATH**

COUNTY: Cecil — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Port Deposit

LENGTH OF STAY (In this place): Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rock Run

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE: Maryland — COUNTY: Cecil

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Port Deposit

STREET ADDRESS (If rural give location): Rock Run

**3. NAME OF DECEASED** (Type or Print): Eva (First) Louise (Middle) Griffin (Last)

**4. DATE OF DEATH** (Month) (Day) (Year): Nov. 9, 1955

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min. |
|---|---|---|---|---|---|---|
| Female | Colored | Widowed | 2-18-1876 | 79 yrs | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| House Wife | Own Home | Maryland | U S A |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Charles Hopkins | Alamanda Fard |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| No | | Oscar W. Mason, Port Deposit, Md. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334X IMMEDIATE CAUSE (A) Cerebral Sclerosis — — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSE(S) DUE TO (B) arterio - Sclerosis — 10 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chr. Myocarditis — 3 yrs

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | YES ☐ NO ☒ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from Sept 19 52, to Nov-8, 19 55, that I last saw the deceased alive on Nov 8 19 55, and that death occurred at 10 A.M. from the causes and on the date stated above.

SIGNATURE: D. J. Hanson M.D. — ADDRESS (Street, city, town, state): M. D. Port Deposit, Md. — DATE SIGNED: Nov-9-1955

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 11-12-1955 | Jones Memorial Cem. | Port Deposit, Md. Rural |

| 24. REC'D BY REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| DATE 11-12-55 | Irene E. Daugherty | Leo A. Patterson & Son Perryville, Md. |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10722

# 10722 CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 1 mo. 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) PHILLIP (Middle) H. (Last) HAINES

4. DATE OF DEATH: (Month) (Day) (Year) November 16 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-26-91

9. AGE last birthday: 64 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David A. Haines

14. MOTHER'S MAIDEN NAME: Julie Stump

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. unknown

17. INFORMANT & ADDRESS. Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE (A) Lung Tumor (cancer) bilateral diffuse — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-2, 1955, to 11-16, 1955, and that death occurred at 11:45 AM, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Director, Professional Services M. D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 11-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF 11-16-55

NAME OF CEMETERY OR CREMATORY Hosanna H.S. Bailey

LOCATION (City, town, or county) (State) Darlington, Md.

DATE REC'D BY LOCAL REGISTRAR 11-16-1955

REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR ADDRESS H.S. Bailey Funeral Home, Darlington, Md.

10723

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10723 Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. ... ... .

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS East Main

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rising Sun.
STREET ADDRESS (If rural, give location) East Main

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) HORACE (Last) HAWLEY

4. DATE OF DEATH (Month) 11 (Day) 2 (Year) 1955

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-1-1877

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Farmer.

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John B Hawley.

14. MOTHER'S MAIDEN NAME: Nannie Mathews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-18-5734

17. INFORMANT & ADDRESS: Della C Hawley Rising Sun Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 974X DUE TO Strangulation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

21c. (City or town) Rising Sun (County) Cecil (State) Md.

21d. TIME OF INJURY (Month) 11 (Day) 2 (Year) 55 (Hour) 12 noon M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Hanging self.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE R L Dodson M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-3-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Nov 5 1955

NAME OF CEMETERY OR CREMATORY Mt. Zion Methodist Church Cem

LOCATION (City, town, or county) Colora, Cecil (State) Md.

DATE REC'D BY LOCAL REG. 11-4-55

REGISTRAR'S SIGNATURE L M Worthington

24. FUNERAL DIRECTOR J. E. Tyson, Rising Sun, Md.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10724

10714 CERTIFICATE OF DEATH

Reg. Dist. No. 92

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (in this place) 27 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; STREET ADDRESS (If rural, give location) 108 Park Circle

3. NAME OF DECEASED (Type or Print): (First) James (Middle) W. (Last) Hughes

4. DATE OF DEATH: (Month) Nov. (Day) 8 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/22/1898

9. AGE last birthday: 57 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10b. KIND OF BUSINESS OR INDUSTRY: Law

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George B. Hughes

14. MOTHER'S MAIDEN NAME: Mary Jane Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 219-18-0932

17. INFORMANT AND ADDRESS: Gertrude Ruth Hughes 108 Park Circle Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

044 Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Leukemia — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, to 11/8, 1955, that I last saw the deceased alive on 11/8/, 1955, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE: Herbert Bates (Degree or title) M.D. ADDRESS Elkton Md DATE SIGNED 11/9/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 11/12/1955 | NAME OF CEMETERY OR CREMATORY Fairview Memorial Park | LOCATION (City, town, or county) Elkton (State) Md

DATE REC'D BY LOCAL REG. Nov 11 | REGISTRAR'S SIGNATURE H H Frazer

24. FUNERAL DIRECTOR: Pippin Funeral Home ADDRESS 259 E Main St, Elkton, Md.

W. A. Lusby

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10725

10724 **CERTIFICATE OF DEATH**

Reg. Dist. No. 9/

Item 1 Fil 2169 11-22-55 ct

1. PLACE OF DEATH — COUNTY: Cecil County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Rural
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middletown Del. (Rural)
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Wm. (Last) Jester

4. DATE OF DEATH: (Month) 11/11/55 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/3/1884

9. AGE last birthday: 71 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Aaron F. Jester

14. MOTHER'S MAIDEN NAME: Lay Ann Jester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Louise H. Jester Middletown, Del.

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1771X

Immediate cause (a) Carcinoma of prostate — Interval Between Onset and Death: 9 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1st, 1955 to 11/11/, 1955, that I last saw the deceased alive on 11/11/55 19....., and that death occurred at 6.15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J D Nitis M D — ADDRESS: Middletown Delaware — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 11/14/55 — NAME OF CEMETERY OR CREMATORY: St. Annis Cemetery — LOCATION (City, town, or county) (State): Middletown Del.

DATE REC'D BY LOCAL REG.: Nov 14-1955 — REGISTRAR'S SIGNATURE: Mrs Ralph A Iles

24. FUNERAL DIRECTOR: H. Lutie Daniels — ADDRESS: Middletown Del.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS ADC 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**

10725 **CERTIFICATE OF DEATH** 10726

Reg. Dist. No. 16

**1. PLACE OF DEATH**

COUNTY Cecil MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perryville, Rural

LENGTH OF STAY (In this place) 5 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS OC Coudon Farm

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE Maryland COUNTY Cecil

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perryville, Rural X

STREET ADDRESS (If rural give location) Coudon Farm 1

**3. NAME OF DECEASED** (Type or Print) (First) Lola (Middle) Mae (Last) Johnson

**4. DATE OF DEATH** (Month) 11 (Day) 19 (Year) 19 55

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Married | Oct. 7, 1907 | 48 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| House Wife | | North Carolina | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Samuel Presnell | Mattie Coe |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| No | | Harry E. Johnson, Jr. Perryville, Md. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

IMMEDIATE CAUSE (A) Cancer of the Cervix — INTERVAL BETWEEN ONSET AND DEATH 1½ yrs

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| 10/28/55 | Radical Hysterectomy Sec. to Frozen Path. | YES ☐ NO ☒ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from 10-26, 1955, to 11-15, 1955, that I last saw the deceased alive on 11-14, 1955, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

SIGNATURE Walter H. Sadowsky M D — ADDRESS (Street, city, town, state) Perryville, Md — DATE SIGNED 11/19/55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 11-22-1955 | Principio | Principio Furnace, Md. |

| 24. REC'D BY REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS |
|---|---|---|---|
| DATE 11-19-1955 | [illegible] | Vera Patterson and Son | Perryville, Md. |

10726

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10727

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

**1. PLACE OF DEATH:**
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 17 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED: (Type or Print)** (First) DANIEL (Middle) ELMER. (Last) KEEN

**4. DATE OF DEATH** (Month) 11 (Day) 23 (Year) 1955

**5. SEX:** M **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):** Widower **8. DATE OF BIRTH:** 8-19-1869 **9. AGE last birthday:** 86 yrs. IF UNDER 1 YEAR: Months, Days IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): Farmer **10b. KIND OF BUSINESS OR INDUSTRY:** Crop farmer **11. BIRTHPLACE** (State or foreign country): Quarryville Pa. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Henry Keen. **14. MOTHER'S MAIDEN NAME:** Catherine Brubaker.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service) **16. SOCIAL SECURITY NO.:** 220-12-6725 **17. INFORMANT & ADDRESS:** Genevieve Keen, Woodbridge N.J.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

331X
Immediate cause (a) Cerebral Accident
DUE TO
Antecedent cause(s) (b) Pleural effusion
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

**19a. DATE OF OPERATION:** **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

**21a. EXTERNAL CAUSE WAS** PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Bodnar M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-24-55

**23. BURIAL, CREMATION, REMOVAL (Specify):** Burial **DATE THEREOF** Nov 26/55 **NAME OF CEMETERY OR CREMATORY** West Nottingham Cem **LOCATION** (City, town, or county) (State) Colora, Cecil Co. Md.

**DATE REC'D BY LOCAL REG.** NOV 24-55 **REGISTRAR'S SIGNATURE** J. M. Mungon **24. FUNERAL DIRECTOR** Chas. Wm. Perry Elkton Md. **ADDRESS**

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10728

# 10727 CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point
LENGTH OF STAY (in this place): 11yrs.8mo.3days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland
STREET ADDRESS (If rural give location): Box 807

3. NAME OF DECEASED (Type or Print): (First) CONSOR (Middle) (NMI) (Last) KIFER

4. DATE OF DEATH: (Month) November (Day) 17 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 11-11-93

9. AGE last birthday: 62 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Battery Worker

10B. KIND OF BUSINESS OR INDUSTRY: Automobile

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Vernon Kifer

14. MOTHER'S MAIDEN NAME: Maria Chaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.

IMMEDIATE CAUSE (A) Bronchopneumonia, bilateral, unresolved — INTERVAL BETWEEN ONSET AND DEATH: 3 to 5 days

ANTECEDENT CAUSE (B) DUE TO: Cirrhosis of the liver — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO:

902.7

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Tuberculosis, bilateral, pulmonary, inactive — unknown; Fracture left femur, intertrochanteric — 5 days

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.): V.A. Hospital

21C. WHERE DID INJURY OCCUR? (City or town) Perry Point (County) Cecil (State) Md.

21D. TIME OF INJURY (Month) 11 (Day) 12 (Year) 55 (Hour) VA M.

21E. INJURY OCCURRED While at work [ ] Not while at work [X]

21F. HOW DID INJURY OCCUR? Patient fell out of bed. (Seizure ?)

22. I hereby certify that I attended the deceased from 3-14, 19 44 to 11-17, 19 55 and that death occurred at 4:05 PM, from the causes and on the date stated above.

SIGNATURE W. Oppler
W. OPPLER, Director, Professional Services M.D.
ADDRESS: VAH, Perry Point, Md.
DATE SIGNED: 11-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
DATE THEREOF: 11-18-55
NAME OF CEMETERY OR CREMATORY: Unknown
LOCATION (City, town, or county) (State): Unknown Cleveland, Ohio

DATE REC'D BY LOCAL REGISTRAR: 11-18-55
REGISTRAR'S SIGNATURE: Irene E. Dougherty

24. FUNERAL DIRECTOR: Pennington & Son, Havre de Grace, Md.
ADDRESS

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly shall be detached for use as a burial transit permit.

VS A15C 1-55 10M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10715

# CERTIFICATE OF DEATH

10729

Reg. Dist. No. 9r

**1. PLACE OF DEATH**
COUNTY Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 Elkton
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 25 Union Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE Delaware COUNTY Newcastle
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton R.D. 2 Hx-3
STREET ADDRESS (If rural give location) Home

**3. NAME OF DECEASED** (Type or Print) (First) Grace (Middle) (Last) Nelson

**4. DATE OF DEATH** (Month) Nov (Day) 23rd (Year) 1955

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min. |
|---|---|---|---|---|---|---|
| Female | White | Widow | Sept 22, 1894 | 61 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Retired Nursing | Hospitals | West East - Md | U.S. |

13. FATHER'S NAME Isaac Duling

14. MOTHER'S MAIDEN NAME Irene Kline

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S ADDRESS Bonnie Mae Tidball Elkton Md

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174X IMMEDIATE CAUSE (A) General Recurrentatos — INTERVAL BETWEEN ONSET AND DEATH 5 mos.

ANTECEDENT CAUSE(S) DUE TO (B) Cancer of Uterus 7 mos.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐ |
|---|---|---|
| | | |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

22. **I hereby certify** that I attended the deceased from Nov 20th, 1955, to Nov 23, 1955, that I last saw the deceased alive on Nov 22, 1955, and that death occurred at 10.31 P.M., from the causes and on the date stated above.

SIGNATURE AND M.D. E. H. McKnight M.D. ADDRESS (Street, city, town, state) Elkton Maryland DATE SIGNED 11-24-55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Nov 26/55 | Gilpin Manor Memorial Pk | Elkton Md |

| 24. REC'D BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| 11-25-55 | J. R. Traczyk | Gilpin Funeral Home By C. Kenny Gilpin Elkton |

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11404

10728

# CERTIFICATE OF DEATH

Reg. Dist. No. 97

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bainbridge
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge
STREET ADDRESS (If rural give location) Center
Qtrs 504, U.S. Naval Training

3. NAME OF DECEASED: (Type or Print) (First) PAUL (Middle) ALBERT (Last) LETOURNEAU

4. DATE OF DEATH. (Month) 11 (Day) 29 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: 8-18-53

9. AGE last birthday. 2 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---

10B. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Bainbridge, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Paul Joseph Letourneau

14. MOTHER'S MAIDEN NAME: Irene Marie Jane Poulin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) --- (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. -----

17. INFORMANT & ADDRESS: Navy Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

057.0 IMMEDIATE CAUSE (A) Acute pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSE (B) DUE TO Meningococci Meningitis & Meningococcemia — 24 hrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-29, 1955, to 11-29, 1955 that I last saw the deceased alive on 11-29, 1955, and that death occurred at 4:45A M. from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS USNH, Bainbridge, Md. DATE SIGNED 11-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11-30-55 — NAME OF CEMETERY OR CREMATORY West Nottingham Cemetery — LOCATION (City, town, or county) (State) Colora, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-29-55 — REGISTRAR'S SIGNATURE Dorothy R. Bamble — 24. FUNERAL DIRECTOR — ADDRESS Leo A. Patterson, Port Deposit, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10730

# 10716 CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Cecil; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton; MARYLAND LENGTH OF STAY (in this place) 2 Months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake City; STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Etsel (Middle) Velma (Last) Lloyd

4. DATE OF DEATH: (Month) 11 (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept. 15, 1898

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10B. KIND OF BUSINESS OR INDUSTRY: House work

11. BIRTHPLACE (State or foreign country): Elliotts, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis Jarrett

14. MOTHER'S MAIDEN NAME: Elmira Ewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Carlton Lloyd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

17 IMMEDIATE CAUSE (A) Metastatic carcinoma of chest — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Carcinoma of right breast — 2 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1953, to Nov 3, 1955, that I last saw the deceased alive on Nov. 3, 1955 and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE H. Walter Davis M. D. ADDRESS Chesapeake City, Md. DATE SIGNED 11/3/55

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial; DATE THEREOF 11/6/55; NAME OF CEMETERY OR CREMATORY Bethel Cemetery; LOCATION (City, town, or county) (State) Chesapeake City Md.

DATE REC'D BY LOCAL REGISTRAR Nov 5; REGISTRAR'S SIGNATURE H R Frazer

24. FUNERAL DIRECTOR H Walter Davis Jr; ADDRESS Elkton, Md

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10729 10731

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (in this place) 23yrs1mo.12days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE DELAWARE COUNTY NEW CASTLE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WILMINGTON 4(X-5
STREET ADDRESS (If rural give location) 917 S. Brown Street ✓

3. NAME OF DECEASED: (First) AUGUST (Middle) F. (Last) LULLY
4. DATE OF DEATH: (Month) November (Day) 19 (Year) 55

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min. |
|---|---|---|---|---|---|---|
| Male | White | Single | April 3, 1888 | 67 yrs | | |

| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Laborer | Unknown | Delaware | USA |

13. FATHER'S NAME: Adam Lully
14. MOTHER'S MAIDEN NAME: Anne (Unknown)

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|---|
| Yes | WW-I | None | Hospital Records, VAH., Perry Point, Md. |

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

IMMEDIATE CAUSE (A) Pneumonia lobar, left low., lobe with abcess formation — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) Tuberculosis, pulmonary, bilateral, active. — Unk.

DUE TO

(C) Arteriosclerosis, generalized, severe. — Unk.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Oct. 7, 1932, to Nov. 19, 1955, ~~that I last saw the deceased~~ ~~and that I viewed the body of the deceased~~, and that death occurred at 3:40 AM, from the causes and on the date stated above.

SIGNATURE E. S. Ellis, M.D. ADDRESS Acting, Director, Professional Services, VAH., Perry Point, Md. DATE SIGNED 11-19-55

E.S.ELLS, M.D., M.D.

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | 11-21-55 | Cathedral Cemetery | Wilmington, Delaware |

DATE REC'D BY LOCAL REGISTRAR: 11-21-1955 REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR: PENNINGTON & SON, Havre De Grace ADDRESS: Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10732

10730 **CERTIFICATE OF DEATH**

Reg. Dist. No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED (Type or Print): (First) George (Middle) S (Last) McKinney

4. DATE OF DEATH (Month) (Day) (Year): Nov. 7 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 20, 1915

9. AGE last birthday: 40 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bridge carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Penn. R.R.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Elisha McKinney

14. MOTHER'S MAIDEN NAME: Lillian May Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 218-07-0355

17. INFORMANT: Mrs. George S. McKinney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Pulmonary Oedema — Interval between onset and death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary occlusion — 1 day

(c) Hypertensio — 3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1952, to Nov. 7, 1955, that I last saw the deceased alive on Nov. 7, 1955, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thos. Wallace MD Havre de Grace Maryland 11/8/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11-10-55

NAME OF CEMETERY OR CREMATORY: North East Methodist Cem

LOCATION (City, town, or county) (State): North East, Md.

DATE REC'D BY LOCAL REG.: Nov 9 - 1955

REGISTRAR'S SIGNATURE: Sarah E. Rothermel

24. FUNERAL DIRECTOR: Joseph R. Grant

ADDRESS: North East Md

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10731

# CERTIFICATE OF DEATH

10734

Reg. Dist. No. 9 1

**1. PLACE OF DEATH**

COUNTY: Cecil — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Chesapeake City

LENGTH OF STAY (in this place): 6 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Morgan Nurseing Home

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE: Maryland — COUNTY: Cecil

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perryville

STREET ADDRESS (If rural give location): Aikin Ave.

**3. NAME OF DECEASED** (Type or Print): (First) Hannah (Middle) Porter (Last) McMullen

**4. DATE DEATH** (Month) Nov. (Day) 12, (Year) 19 55

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Widowed | Sept. 30, 1865 | 90 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| House Wife | Own Home | Delaware | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| William E.S. Barr | Eliza J. Ford |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| No | None | Edgar McMullen, Charlestown, Md. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 422.1 IMMEDIATE CAUSE (A) | Uraemia | 4 days |
| ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) | Chronic CV disease | 5 years |
| DUE TO (C) | | |

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐ |
|---|---|---|
| | | |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from March 8, 19 55, to Nov 12, 19 55, that I last saw the deceased alive on Nov 11, 19 55, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

SIGNATURE Hugh Davis M.D. ADDRESS (Street, city, town, state) Chesapeake City, Md. DATE SIGNED Nov 12/55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 11-15-1955 | Pencader Presbyterian | Glasgow, Delaware |

| 24. REC'D BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS |
|---|---|---|---|
| Nov 17, 1955 | MRS RALPH H REES | Lee, Patterson & Son | Perryville, Md. |

10732

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10733
Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 7

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leeds. LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton RD 3.
STREET ADDRESS (If rural, give location) Leeds. 1

3. NAME OF DECEASED: (Type or Print) (First) RANDALL (Middle) W (Last) MILLER.
4. DATE OF DEATH (Month) 11 (Day) 20 (Year) 1955

5. SEX M. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify) Married 8. DATE OF BIRTH: 11-4-1864 9. AGE Last Birthday: 77 yrs. 20
IF UNDER 1 YEAR: Months Days. IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired miner. 10b. KIND OF BUSINESS OR INDUSTRY Paper mfg. 11. BIRTHPLACE (State or foreign country): Leeds Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas S Miller 14. MOTHER'S MAIDEN NAME: Harriet Rose.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 213-05-6111B 17. INFORMANT & ADDRESS: Edith Miller Elkton RD 3 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
Immediate cause (a) Acute Coronary Occlusion
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE A. E. Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-20-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Nov. 23, 1955 | NAME OF CEMETERY OR CREMATORY Union Methodist Cemetery | LOCATION (City, town, or county) (State) Cecil County, Md.

DATE REC'D BY LOCAL REG. Nov 21 | REGISTRAR'S SIGNATURE J. H. Frazer | 24. FUNERAL DIRECTOR Ralph E. Hicks | ADDRESS Bow & Stockton Sts. Elkton, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10735

# 10733 CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point; LENGTH OF STAY (in this place) 6yrs.9mo.5days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington; STREET ADDRESS (If rural give location) 615 - 3rd Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) ANTON (Middle) W. (Last) NEUMEYER

4. DATE OF DEATH: (Month) November (Day) 6 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH. 7-3-90

9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter-Ret.

10B. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred A. Neumeyer

14. MOTHER'S MAIDEN NAME: Helen K. Ehlers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pneumonia, bronchial, bilateral, unresolved — INTERVAL BETWEEN ONSET AND DEATH: 3 - 4 days

ANTECEDENT CAUSE (B) DUE TO: Carcinoma tongue squamous, cell type — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO:

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis generalized severe — unknown

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1949 to 11-6, 1955, that I last saw the deceased alive on [illegible] and that death occurred at 3:40 PM, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Director, Professional Services M. D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 11-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal; DATE THEREOF 11-7-55; NAME OF CEMETERY OR CREMATORY Arlington National; LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR 11-10-55

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Pennington & Son, ADDRESS Havre de Grace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10734 **CERTIFICATE OF DEATH** Reg. Dist. No. 10736

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PERRY POINT
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS VA HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY DORCHESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CAMBRIDGE
STREET ADDRESS (If rural give location) 112 PINE STREET

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) H. (Last) PARKER

4. DATE OF DEATH: (Month) NOV. (Day) 18 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 9-21-1886
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SUSSEX COUNTY, VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID PARKER
14. MOTHER'S MAIDEN NAME: GABRIELLA NEVERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW 1
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT & ADDRESS: VA Hospital Records, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE | (A) Bronchopneumonia, Bilateral, Unresolved | 2-3 Days |
| ANTECEDENT CAUSE (S) DUE TO | (B) Peritonitis, localized and diffuse | 2 -3 Weeks |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | (C) Ruptured gastric ulcer | 2 -3 Weeks |

540.1

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 11-7-55
19B. MAJOR FINDINGS OF OPERATION: Exploratory laparotomy and closure of perforated gastric ulcer.
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I ~~X~~ VA attended the deceased from Nov. 5, 1955, to Nov. 18, 19 55 ~~xxxxxxxxxxxxxxxxxxxx~~, and that death occurred at 4:50 P.M. from the causes and on the date stated above.

SIGNATURE E.S. Ellis, M.D. ADDRESS Acting, Director, Professional Services, VAH., Perry Point, Md. DATE SIGNED 11-19-55

E.S. ELLIS, M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL
DATE THEREOF 11/23/1955
NAME OF CEMETERY OR CREMATORY Bethel Cemetery
LOCATION (City, town, or county) (State) CAMBRIDGE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 11/20/55
REGISTRAR'S SIGNATURE Irene E. Dougherty by H.M. St. Clair, Funeral Director,
24. FUNERAL DIRECTOR Herbert M. St. Clair Jr. ADDRESS Cambridge, Md.

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

10735

10737

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 94

**1. PLACE OF DEATH**

COUNTY Cecil — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East. — LENGTH OF STAY (In this place) 13 years.

HOSPITAL OR INSTITUTION OR STREET ADDRESS

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE Md — COUNTY Cecil

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East.

STREET ADDRESS (If rural give location)

**3. NAME OF DECEASED** (Type or Print) — (First) WILLIAM — (Middle) ARTHUR — (Last) RAMBO

**4. DATE OF DEATH** — (Month) 11 — (Day) 25 — (Year) 1955.

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min. |
|---|---|---|---|---|---|---|
| M | W | Child | 3.11.1942 | 13 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Child. | | Elkton Md. | U.S. |

13. FATHER'S NAME: Edward William RAMBO

14. MOTHER'S MAIDEN NAME: Amanda Ann ATKINSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

751X IMMEDIATE CAUSE (A) Paralytic Ileus — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks.

ANTECEDENT CAUSE(S) DUE TO (B) Spinal Cord degeneration — 13 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Spina Bifida — 13 years.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Secondary anemia + chronic nephritis — 3-5 years

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | YES ☐ NO ☒ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from 11.18, 1955, to 11.25, 1955, that I last saw the deceased alive on 11.25, 1955, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

**SIGNATURE** Peter Stamler M.D. — **ADDRESS** (Street, city, town, state) Elkton Md. — **DATE SIGNED** 11.25.55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| BURIAL | Nov 28 1955 | BETHEL METHODIST | NORTH EAST CECIL CO. MD |

| 24. REC'D BY REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS |
|---|---|---|---|
| DATE 11-26-55 | Sarah E. Rothermel | Joseph R Grant | North East Md |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10736 10738

# CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural ELKTON
LENGTH OF STAY (in this place) MARYLAND 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD#4, ELKTON, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON, Md.
STREET ADDRESS (If rural give location) RFD#4, ELKTON, Md.

3. NAME OF DECEASED: (Type or Print) (First) LEONA (Middle) S. (Last) SCHREIBER
4. DATE OF DEATH: (Month) 11 (Day) 6 (Year) 1955.
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MAR.
8. DATE OF BIRTH: March 26, 1889
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Lambertville, New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Sherman
14. MOTHER'S MAIDEN NAME: Letitis Reigal
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-16-7015
17. INFORMANT & ADDRESS: Mr. Paul Crawford, R.F.D.#4 ELKTON, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 X

Immediate cause (a) METASTATIC CHEST WALL CANCER — Interval Between Onset And Death: 3 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) CANCER of the UTERUS — 3-8 yrs.

DUE TO (c) LEFT BREAST

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5.14, 1954 to 11.6, 1955, that I last saw the deceased alive on 11.6, 1955, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE Peter Hunkin (Degree or title) M.D. ADDRESS ELKTON, Md. DATE SIGNED 11.7.55.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/10/1955
NAME OF CEMETERY OR CREMATORY Methodist Episcopal Cemetery
LOCATION (City, town, or county) (State) Williamstown N.J.

DATE REC'D BY LOCAL REGISTRAR Nov 9
REGISTRAR'S SIGNATURE H R Frazer

24. FUNERAL DIRECTOR Pippin Funeral Home W. A. Lusby
ADDRESS 259 E Main St Elkton, Md

1

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10737

# CERTIFICATE OF DEATH

10739

Reg. Dist. No. [illegible]

**1. PLACE OF DEATH**

COUNTY: Cecil — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Charlestown

LENGTH OF STAY (in this place): 10 Yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE: Maryland — COUNTY: Cecil

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Charlestown

STREET ADDRESS (If rural give location): X

**3. NAME OF DECEASED** (Type or Print): (First) John (Middle) P. (Last) Stelle

**4. DATE OF DEATH** (Month) Nov. (Day) 6 (Year) 19 55

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min. |
|---|---|---|---|---|---|---|
| Male | White | Married | July 16, 1882 | 73 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Manufacturer, Owner, Retired. | Textile. | Maryland | U S A |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| John Stelle | Lucy Glanville |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| | 221-10-0130 | Mary S. Stelle, Charlestown, Md. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 41 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B): Generalized Arteriosclerosis — 10 years

DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Prostatic Hypertrophy — 2 yrs.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| — | — | YES ☐ NO ☒ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | — | — |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| — | | — |

**22. I hereby certify** that I attended the deceased from 26 Sept, 19 55, to 2 Nov, 19 55, that I last saw the deceased alive on 2 Nov, 19 55, and that death occurred at 8:55 P.M., from the causes and on the date stated above.

**SIGNATURE** Klaus H. Hunkus M.D. — **ADDRESS** (Street, city, town, state) No. 44 East Rd — **DATE SIGNED** 7 Nov '55

| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 11-9-1955 | Spring Hill Cemetery | Easton, Md. |

| 24. REC'D BY REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS |
|---|---|---|---|
| DATE 7-[illegible]-55 | [illegible] | Vera Patterson & Son | Perryville, Md. |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# 10738 CERTIFICATE OF DEATH

10740

Reg. Dist. No. 9-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
   COUNTY Cecil MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON RD 2
   LENGTH OF STAY (in this place) 6 yrs 6 yrs
   HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Maryland COUNTY Cecil
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON (RURAL) 2
   STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) GRace (Middle) Elizabeth (Last) Thompson

4. DATE OF DEATH: (Month) Nov (Day) 18 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 5 1919

9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Thompson

14. MOTHER'S MAIDEN NAME: GRace Elizabeth TERRY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Robert L Thompson ELKTON RD 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset And Death: 1½ yr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Carcinoma of the Breast. — 2½ yrs.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/5/53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of left Breast with axillary metastasis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20, 1953, to 11/18, 1955, that I last saw the deceased alive on 11/17, 1955, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) C R. Donoho M.D — ADDRESS Newark Del — DATE SIGNED 11/19/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-21-55 — NAME OF CEMETERY OR CREMATORY Cherry Hill Meth. Cem. — LOCATION (City, town, or county) ELKTON RURAL (2) (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov 20 — REGISTRAR'S SIGNATURE H Frazer

24. FUNERAL DIRECTOR Joseph R Grant — ADDRESS North East, Md.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10717

## CERTIFICATE OF DEATH

Reg. Dist. No. 10741

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton,
LENGTH OF STAY (in this place) 7 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Warwick
STREET ADDRESS (If rural give location) 947 Lockerman's farm.

3. NAME OF DECEASED: (Type or Print) (First) Kathryn (Middle) L (Last) Thornton

4. DATE OF DEATH: (Month) Nov (Day) 16 (Year) 1955

5. SEX: Female — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single. — 8. DATE OF BIRTH: June 11, 1908 — 9. AGE last birthday: 47 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None — 10B. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Cecilton, Md — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Thornton — 14. MOTHER'S MAIDEN NAME: Mattie Meir

15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT & ADDRESS: Mrs. Guy Lockerman—above address

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Hepato-renal failure — 9 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Congestive Heart Failure — 1 year

DUE TO

(C) Rheumatic Heart Disease — years.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ..., 19..55 to Nov 16..., 19..55 that I last saw the deceased alive on Nov 16 ., 19 55, and that death occurred at 6 1/2 M, from the causes and on the date stated above.

SIGNATURE Wallace Leerkam MD M. D. — ADDRESS Rising Sun Md — DATE SIGNED Nov 16 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov 19, 1955 — NAME OF CEMETERY OR CREMATORY Warwick Cem. — LOCATION (City, town, or county) Warwick — (State) Md

DATE REC'D BY LOCAL REGISTRAR Nov 18 — REGISTRAR'S SIGNATURE H B Frazer — 24. FUNERAL DIRECTOR Walter Daniels — ADDRESS Middletown Del

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10742

# 10739 CERTIFICATE OF DEATH

Reg. Dist. No. 5C

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 102 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WASHINGTON, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 324 First St. S.E.

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) Ellsworth (Last) Torbert

4. DATE OF DEATH: (Month) (Day) (Year) November 20, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: July 13, 1895

9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boilermaker

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jersey Shore, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James F. Torbert

14. MOTHER'S MAIDEN NAME: Sarah Burnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 205 03 1038

17. INFORMANT & ADDRESS: VA Hospital Records, Perry Point, Md.

18. MEDICAL CERTIFICATION

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| IMMEDIATE CAUSE | (A) Lobar pneumonia right lower lobe | Terminal |
| ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | DUE TO (B) Laennec's cirrhosis | Unknown |
| | DUE TO (C) Multiple cyst of both kidneys | Unknown |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-10, 1955 to 11-20-, 1955 [illegible] alive on [illegible], 19[illegible], and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE W. OPPLER, M.D. ADDRESS Director of Professional Services VA Hospital, Perry Point, Md. DATE SIGNED 11-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF 11-21-55

NAME OF CEMETERY OR CREMATORY Not ascertainable

LOCATION (City, town, or county) (State) Jersey Shore, Pa.

DATE REC'D BY LOCAL REGISTRAR 11-22-55

REGISTRAR'S SIGNATURE Irene E. Dougherty

24. FUNERAL DIRECTOR [illegible] ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10743

10746 10743 et

# CERTIFICATE OF DEATH

Reg. Dist. No. 97

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rainbridge
MARYLAND LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural give location) R.R.#2

3. NAME OF DECEASED: (Type or Print) (First) VERNA (Middle) ADELL (Last) TUCKER

4. DATE OF DEATH: (Month) 11 (Day) 15 (Year) 19 55

5. SEX: F

6. COLOR OR RACE: Cauc

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: 2-30-02

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Deceased Richard Harrison

14. MOTHER'S MAIDEN NAME: Deceased Adell Warren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO. -----

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 21 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Diabetes Mellitus - 20yr Duration

DUE TO (C) Arteriosclerotic Hypertension

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-13 , 1955, to 11-15 , 19 55 that I last saw the deceased alive on 11-15 , 1955 , and that death occurred at 2:15A M, from the causes and on the date stated above.

SIGNATURE W. [illegible], LT (MC) USN — ADDRESS M.D. USNH, Rainbridge, Md. — DATE SIGNED 11-16-55

23. BURIAL, CREMATION REMOVAL (SPECIFY): Removal & Burial — DATE THEREOF: 11-15-55 — NAME OF CEMETERY OR CREMATORY: Wesley Church Cemetery — LOCATION (City, town, or county) (State): Rock Hall, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-1-55 — REGISTRAR'S SIGNATURE Dorothy B. Turnbull

24. FUNERAL DIRECTOR: Edgar L. Jones — ADDRESS: Rock Hall, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10744

10741 # CERTIFICATE OF DEATH

Reg. Dist. No. 26

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

**1. PLACE OF DEATH**

COUNTY: Cecil — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Port Deposit

LENGTH OF STAY (In this place): Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Main St

**2. USUAL RESIDENCE (Home) OF DECEASED**

STATE: Maryland — COUNTY: Cecil

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Port Deposit X

STREET ADDRESS (If rural give location): Main, St. 1

**3. NAME OF DECEASED** (Type or Print): Lulu (First) V. G. (Middle) Westerfield (Last)

**4. DATE OF DEATH** (Month) Nov. 17 (Day) (Year) 19 55

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Widowed | June 14, 1867 | 88 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| House Wife | | Maryland | U S A |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Lucius A. C. Gerry | Jane A. Vanneman |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or Unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| No | None | Harry G. Westerfield, Rosemont, Pa. |

**18. MEDICAL CERTIFICATION**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days - 12 hrs

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Arterio-Sclerosis

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Lt. Cerebral Hemorrhage (Aneurysm Left A. Ca.) — 10 yrs 4 months

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒ |
|---|---|---|
| | | |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
|---|---|---|
| | | |

| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

**22. I hereby certify** that I attended the deceased from July 1955, to Nov-17, 1955, that I last saw the deceased alive on Nov-17-, 1955, and that death occurred at 8.30 A. M, from the causes and on the date stated above.

SIGNATURE: C. Johnson, M.D. — ADDRESS (Street, city, town, state): Port Deposit, Md — DATE SIGNED: 11/18/55

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 11-20-1955 | Hopewell Cemetery | Port Deposit, Md. Rural |

| 24. REC'D BY REGISTRAR DATE | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| 11-1-55 | Irene E. Wrightstone | Lee A. Patterson & Son, Perryville, Md. |

10742

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10745

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge, Md
LENGTH OF STAY (in this place) 7 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH BAINBRIDGE, Md

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural, give location) #1 Granate Ave

| 3. NAME OF DECEASED: (First) (Middle) (Last) | 4. DATE OF DEATH (Month) (Day) (Year) | 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min. |
|---|---|---|---|---|---|---|---|---|
| Mary Avenell Wilson | 11 13 19 55 | Female | White | Married | 9-21-14 | 41 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Waitress | | Logan, West Virginia | U. S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Benjamine F. Nunley | Nancy E. Elkins |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| No | 302 05 2540 | Clarence Thomas Nunley, Brother #1 Granate, Port Deposit, Md |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

825 X

Immediate cause (a) Fracture Skull — INTERVAL BETWEEN ONSET AND DEATH: 37 Min

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒ |
|---|---|---|
| | | |

| 21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg. etc.) INJURY Highway RT #1 | 21c. (City or town) (County) (State) Port Deposit, Conowingo, Cecil, Md |
|---|---|---|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 12 1955 1135 A.M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21f. HOW DID INJURY OCCUR? Automobile Accident, RT #1 near Conowingo Dam |

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE A. L. Woodson M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-13-1955

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 11-13-55 | Asbury Cemetery | Port Deposit, Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 11-14-55 | D. Bramble | Lee A. Patterson & Son | Perryville, Md. |

VS. A15A - 5 - 53

RECEIVED

NOV 21 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10746

10743

# CERTIFICATE OF DEATH

Reg. Dist. No. 97

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Elkton rural
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (First) Samuel (Middle) W. (Last) Wilson
4. DATE OF DEATH: (Month) 11-28 (Day) (Year) 1955
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: 2-15-1876
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer ret
10B. KIND OF BUSINESS OR INDUSTRY: Farm owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Wilson
14. MOTHER'S MAIDEN NAME: Maggie Enwhistle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Miss Mrytle Wilson Ekkton, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE | (A) acute myocardial infarction | 5 hours. |
| ANTECEDENT CAUSE (S) | DUE TO | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. | (B) coronary arteriosclerosis | 5 yrs. |
| | DUE TO | |
| | (C) Generalized arteriosclerosis | 10 years |

420.1

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 7, 1955, to Nov 28, 1955, that I last saw the deceased alive on 11/28/55, 19..., and that death occurred at 3a. M, from the causes and on the date stated above.

SIGNATURE Wallace E Thurston M.D. ADDRESS Newark Del DATE SIGNED 11/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-30-1955
NAME OF CEMETERY OR CREMATORY Union Methodist
LOCATION (City, town, or county) (State) Elkton, Cecil Co Rd Md

DATE REC'D BY LOCAL REGISTRAR Nov 29
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Joseph R Grant ADDRESS North East, Md